

## Idaho Infant Toddler Program Data-Tot Entry Form Instructions

All required Data-Tot data elements are indicated with an asterisk (\*) and must be recorded on the form.

| <b>Data Tot Form Sections</b> | <b>Instructions</b>  |
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| <b>Child's Information</b>    |  |
| *Name                         | Record the child's last name, first name, and middle initial.  |
| *Male/Female (circle one)     | Circle the child's gender.   |
| DAR ID (DDIS) #               | Record the child's DAR ID, if available.   |
| *Child's Date of Birth (DOB)  | Record the child's birth date with month/day/year.   |
| Child's SS #                  | Record the child's Social Security Number, if available.   |
| Biological Mother's DOB       | Record the mother's date of birth with month/day/year, if available.   |
| Mother's SS#                  | Record the mother's Social Security Number if available.   |
| Biological Father's DOB       | Record the father's date of birth with month/day/year if available.  |
| Father's SS#                  | Record the father's Social Security Number, if available.  |
| *Child's Race                 | Check the child's appropriate race. Only one race must be identified. If the Race value of <b>Other</b> is checked, provided adequate detail as to why it was selected.  |
| *Premature Birth              | Circle appropriate answer. If Yes is circled, record the child's gestational age in weeks.   |
| *Family's Primary Language    | Record family's primary language preference.   |
| Child's Physician             | Record the name of the child's physician.  |
| <b>*Purpose for Form</b>      | <p>The <i>Idaho Infant Toddler Program Data-Tot Entry Form</i> should be completed for all new children entering the Infant Toddler Program. Any record changes are made by entering the new information in the appropriate section(s) of the <i>Idaho Infant Toddler Program Data-Tot Entry Form</i>. Check the appropriate purpose of recording information on the form.</p> <p><b>NOTE: Only one purpose can be identified at a time.</b></p> |
| Intake (Referral)             | Check this box if a child is in the initial phase of the intake process.   |
| Enrollment (IFSP)             | Check this box once all information required for enrollment is recorded.   |
| Update                        | Check this box and provide specific month/day/year any time changes in information are collected for a child.  |
| 6-Month Review                | Check this box and provide specific month/day/year when conducting a child's six (6)-month review of the <i>Individualized Family Service Plan (IFSP)</i> .  |

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| Annual Review                  | Check this box and provide specific month/day/year when creating a child's annual IFSP.   |
| <b>Caregiver's Information</b> |   |
| *Primary Name                  | Record the last and first name of the child's primary caregiver.  |
| *Relationship                  | Record the relationship of the child's primary caregiver.   |
| *Phone                         | Record the phone number for the day, night, and message of the child's primary caregiver, if available.   |
| *Address                       | Record the mailing address of the child's primary caregiver.  |
| *School District               | Record the school district in which the child and the child's primary caregiver resides.  |
| *City                          | Record the city of the child's primary caregiver.   |
| *State                         | Record the state of the child's primary caregiver.  |
| *Zip                           | Record the zip code of the child's primary caregiver.   |
| *County                        | Record the county of the child's primary caregiver.   |
| Secondary Name                 | Record the last and first name of the child's secondary caregiver.  |
| Relationship                   | Record the relationship of the child's secondary caregiver.   |
| Phone                          | Record the phone number for the day, night, and message of the child's secondary caregiver, if available.   |
| Address                        | Record the mailing address of the child's secondary caregiver.  |
| School District                | Record the school district in which the child and the child's secondary caregiver resides.  |
| City                           | Record the city of the child's secondary caregiver.   |
| State                          | Record the state of the child's secondary caregiver.  |
| Zip                            | Record the zip code of the child's secondary caregiver.   |
| County                         | Record the county of the child's secondary caregiver.   |
| Comments                       | Record any information pertinent to the caregivers such as directions to the address or instructions for phone contact.   |
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| <b>Referral Information</b>    |   |
| * Date of Referral             | Record the month/day/year of receipt of the child's referral.   |
| 45 Days                        | Record the month/day/year of forty-five (45) days from the Date of Referral.  |
| Re-Open                        | Record the month/day/year the child's case was re-opened. Guidelines for re-opening a child's case: <ul style="list-style-type: none"> <li>▪ If a child exited the program and their file was closed for three months or less, and the child/family returns for Infant Toddler services the file must be re-opened. Staff must document the reason(s) why the file is re-opened.</li> </ul> |

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|                                       | <ul style="list-style-type: none"> <li>▪ If a child exited the program and their file was closed for three or more months, and the child/family returns for Infant Toddler service a new file must be opened. If a new file is opened for a previously enrolled child, that event is documented by placing the number 2 (3, 4, 5, etc, depending on the number of times a child exits and has a new file opened) immediately after the last character of the child's last name.</li> </ul>  |
| Re-Open Comments                      | Record any information pertinent to re-opening a child's case.  |
| <b>*Referral Source</b>               | <p>Check the appropriate referral source category. Identify only one referral source. The following applies:</p> <ul style="list-style-type: none"> <li>▪ Parent/Friend/Other – If checked as the Referral Source, do not record personal names.</li> <li>▪ Local Ed. Agency - Must be a school district or educational program such as Head Start, Early Head Start, Migrant Head Start, and school districts.</li> <li>▪ Public Health Facility - Refers to local Health Districts, Departments, or Programs.</li> <li>▪ Other Social Service Agency - Refers to other non-medical or non-health-related Social Service agencies or programs such as Legal Services, Child Protection, and Easter Seals.</li> <li>▪ Other Health Care Provider - Refers to medical or health-related programs or providers such as local health clinics and private therapeutic services (including the Infant Toddler Program and Children's Developmental Disabilities Program).</li> </ul> |
| <b>*Referred By</b>                   | Record the name of the hospital, agency, caseworker, doctor, etc. that made the child's referral.   |
| <b>Reason for Referral</b>            | Record the area of concern and general information regarding the Reason for Referral.   |
| <b>Form Completion</b>                |   |
| Today's Date                          | Record the month/day/year that the form was completed.  |
| Form Completed By                     | Record the name of the person completing the form.  |
| Contact Phone                         | Record the contact number of the person who completed the form.   |
| CC                                    | Record the name(s) of the person(s) the form needs to be copied to.   |
| Please return this form to            | Record the name(s) of the person(s) or place(s) to which the form should be returned.   |
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| <b>IFSP Information</b>               |   |
| <b>*Original IFSP Date</b>            | Record the month/day/year of the child's initial IFSP creation date.  |
| <b>*IFSP Completed Within 45 Days</b> | Circle appropriate answer, Y or N.  |
| <b>* If No, Reason</b>                | If No is circled, circle the appropriate Family or Agency reason.   |

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| * Please explain                | Provide meaningful description of circumstances for exceeding the forty-five (45) day timeline.  |
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| <b>*Eligibility for ITP</b>     | Check only one of the following eligibility categories: Established Condition, Developmental Delay, or Informed Clinical Opinion (ICO).  |
| *If ICO, date of team Review    | If Informed Clinical Opinion is checked, provide the date of the team review with month/day/year as recorded on the <i>Idaho Infant Toddler Program Eligibility Checklist Summary</i> form. In Data-Tot, the data recorded in the Enrolled by ICO field will never change. This will be the Program's historical view of ICO. The data recorded in the ITP Eligible field can change to reflect current Program eligibility status, which could include ICO. |
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| <b>Co-Enrollment</b>            |  |
| *Currently Involved with CFS    | Circle appropriate answer, Y or N, providing a current view of whether the child is involved with CFS.   |
| *If Yes                         | Circle whether substantiated or unsubstantiated.   |
| *Currently enrolled in ISDB     | Circle appropriate answer, Y or N, providing a current view of whether the child is enrolled at ISDB.  |
| *Previously monitored (ASQ)     | Circle appropriate answer, Y or N.   |
| Newborn hearing screened        | Circle appropriate answer, Y or N.   |
| *Family homeless at entry       | Circle appropriate answer, Y or N.   |
| *All initial parental consents  | Circle appropriate answer, Y or N.   |
| *All initial PWN's              | Circle appropriate answer, Y or N.   |
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| <b>Payment Source(s)</b>        |  |
| *Primary Payment Source         | Record a 1 next to the appropriate primary payment source. If Medicaid is identified as the primary payment source, record the Medicaid ID number. If Other is identified as the primary payment source, record the specific primary payment source.   |
| Secondary Payment Source        | Record 2 next to the appropriate secondary payment source. If Medicaid is identified as the secondary payment source, record the Medicaid ID number. If Other is identified as the secondary payment source, record the specific secondary payment source.   |
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| <b>*Primary Service Setting</b> | * Check only one Primary Service Setting. The Primary Service Setting is the location where fifty-one (51%) or more of all services are being delivered. If Other is identified, record the specific Primary Service Setting such as a judge's chambers or parent's workplace. The Primary Service Setting of Other should very rarely be identified.  |
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| <b>*If child is ≥ 30 months (2 years 6 months) old</b> | <b>* Date LEA Notified or Opt-Out Selected – Record the date that the child’s LEA was notified or parent’s opted out of notification process with month/day/year. If parent’s opt-out, record 9/9/99 as the month/day/year.</b>  |
| <b>If child is ≥33 months (2 years 9 months) old</b>   |  |
| <b>*Transition Meeting Date</b>                        | Record the date that the child’s transition meeting was held with month/day/year. Recording 9/9/99 as the month/day/year is not acceptable if a parent opts out of the LEA notification process. If a parent chooses not to transition their child into the school setting, a transition meeting must still be held with appropriate community resource.   |
| <b>Services</b>  | This entire section relates to evaluations for eligibility and all services being provided to a child.   |
| <b>*Service Category</b>                               | List of all potential services an eligible child can receive. ITP Core Services (those requiring documentation of evaluations) are bolded.   |
| <b>Date of Eval</b>                                    | The date the evaluation was actually conducted with month/day/year. Evaluations are only required for Infant Toddler Program Core Services in bold.  |
| <b>Eligible for Services</b>                           | Record the appropriate answer. Eligible for service means that evaluation results indicate the child is eligible for the service, Yes/No.  |
| <b>*Provider Name</b>                                  | Record the provider name for the delivery of the identified service(s).  |
| <b>*Provider Agency</b>                                | Record the provider agency for the delivery of the identified service(s).  |
| <b>*Service Setting</b>                                | Record only one service setting per service for the delivery of the identified service(s). Use codes provided in the Service Setting/Type Codes section. If Other is identified, record the specific service setting. For any service delivered outside of Home or Typical location, record a justification as to why.   |
| <b>*Service Type (G or I)</b>                          | Record whether the identified service is being delivered in a group or individual setting (G - indicates Group setting, I - indicates Individual setting) .  |
| <b>*Projected Hours on IFSP (Per 6 Months)</b>         | Record the projected hours to be provided from the current date to the next IFSP 6 month anniversary.  |
| <b>*Start Date Identified on IFSP or Addendum</b>      | Record the Service Start Date identified on the IFSP or Addendum. Expected Service Start Date is not necessarily the IFSP Start Date.  |
| <b>*Actual Date Service Began</b>                      | Record the first date on which services were delivered. Actual Service Start Date is not necessarily the IFSP Start Date. For each Service Category in which the Actual Start Date is later than the Expected Start Date on the IFSP, identify the Service Category (SVC CAT) row number, circle the one primary reason (Family/Agency/Neither), and record a brief and accurate explanation of that reason (pay close attention to matching the explanation with the reason). |

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|                              | <ul style="list-style-type: none"> <li>▪ Family = Any reason in which delay of actual service delivery was due to a family reason.</li> <li>▪ Agency = Any reason in which delay of actual service delivery was due to an agency reason.</li> <li>▪ Neither = Used for very rare circumstances in which delay of actual service delivery was due to reasons beyond the control of the family or agency, such as bad weather or natural disaster.</li> </ul> |
| *Service End Date            | Record the last date on which services were delivered.  |
| *Enrollment or Update        | Check the appropriate space indicating Enrollment or Update.  |
| *Child's Name                | Record the child's name.  |
| * DOB                        | Record the child's date of birth.   |
| * Service Coordinator        | Record the name of the child's Service Coordinator.   |
| * Today's Date               | Date that the information is collected.   |
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| <b>Condition Information</b> |   |
| *Start Date                  | Record the date on which the child's condition is known to the Infant Toddler Program.  |
| *End Date                    | Record the date on which either the condition is resolved or the child exits the program. This field is required when appropriate.  |
| *Condition Code (ITP)        | Record the appropriate Data Tot condition code describing the child's medical or developmental disability/delay condition.  |
| Med Dx (ICD-9)               | This field is required only for Medicaid-eligible children. Record the appropriate ICD-9 code for the child.  |
| Ed Dx (ICD-9)                | Record the appropriate Ed Dx for the child. This field is required in the DAR system. Record only one Ed. Dx code for a child at a time.  |
| *Description                 | This field is required when directed by the Data-Tot program. Record additional description or condition identification, as necessary.  |
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| <b>Exit Information</b>      |   |
| *Exit Reason                 | <p>Check the appropriate box upon a child's exiting the Infant Toddler Program. Only one of the following boxes can be checked:</p> <p>1 – Met IFSP goals prior to age three (3) (graduated) – Check whether the child has met all goals identified in the IFSP, prior to reaching age three (3).</p>   |

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|  | <p>2 – Part B Eligible – Check whether the child has turned three (3) and been determined eligible for Part B services. If the child turns three (3) between May and September, identify whether the child is to be served during the summer months by circling Y or N to indicate the child is being served by the Infant Toddler Program during the summer months.</p> <p>3 – Part B Ineligible, exit to other program – Check whether the child has turned three (3), has been determined ineligible for Part B services, and is exited to another early intervention program.</p> <p>4 – Part B Ineligible, exit with no referral - Check whether the child has turned three (3), has been determined ineligible for Part B services, and exited the Infant Toddler Program with no referral to other early intervention programs.</p> <p>5 – Part B eligibility undetermined (rarely used) – Check whether the child has turned three (3) and Part B eligibility has not yet been determined. Undetermined Part B eligibility can be the result of:</p> <ul style="list-style-type: none"><li>▪ Part B evaluations completed, but results not yet available; or</li><li>▪ Parent declines Part B evaluation process.</li></ul> <p>If the child turns three (3) and Part B eligibility has not been determined, identify by circling Y or N if due to documented parent request. If eligibility has not been determined due to parent request, appropriate written documentation must be included in the child’s file.</p> <p>6 – Deceased – Check whether the child is deceased.</p> <p>7 – Moved Out of state – Check whether the child has moved to another state.</p> <p>8 – Withdrawn by parent/guardian – Check whether the child is exited from the Infant Toddler Program by a parent/guardian. Indicate whether the child was withdrawn to transfer to another region by circling Y or N. If transferred to another region, record the receiving region. If not transferred to another region, record a brief explanation of why the child is being withdrawn from the Infant Toddler Program.</p> |
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|                               | <p>9 – Attempt to contact parent/guardian unsuccessful, explain – Check whether the child exits the Infant Toddler Program due to lost contact with the parent/guardian. Record a brief explanation of the circumstances surrounding loss of contact.</p> <p>10 – Intake Only – Check whether child exists intake process without receiving an IFSP. Record a brief explanation of circumstances surrounding the child’s exit during the intake process (e.g., child found ineligible for Infant Toddler Program or family withdrew from intake process).</p> |
| <b>Child Outcomes Summary</b> |   |
| <u>*Entry data</u>            | For every child with an IFSP, Entry Outcome Ratings are required within forty-five (45) days of the IFSP completion.  |
| Outcomes                      | There are three (3) Child Outcomes identified: Positive Social Emotional Skills, Acquiring and Using Knowledge and Skills, and Taking Appropriate Action to Meet Needs.   |
| *Rating                       | For each of the Child Outcomes, record the determined Rating.   |
| Notes                         | When appropriate, record notes regarding the Child Outcomes Entry Ratings.  |
| Completed By                  | Record the name of the person(s) who completed the child Entry Child Outcome Ratings.   |
| Date                          | Record the date that the Entry Child Outcomes Ratings were completed.   |
| <u>*Exit data</u>             | For every child enrolled in the IT Program for a minimum of six (6) months or more, Exit Outcome Ratings are required at exit.  |
| Outcomes                      | There are three (3) Child Outcomes identified: Positive Social Emotional Skills, Acquiring and Using Knowledge and Skills, and Taking Appropriate Action to Meet Needs.   |
| *Rating                       | For each of the Child Outcomes, record the determined Rating.   |
| *Made Progress                | Circle Y or N to reflect whether the child made progress since the last Outcomes Summary.   |
| Notes                         | When appropriate, record notes regarding the Child Outcomes Exit Ratings and any progress made since the last Outcomes Summary.   |
| Completed By                  | Record the name of the person(s) who completed the child Exit Child Outcome Ratings.  |
| Date                          | Record the date that the Exit Child Outcomes Ratings were completed.  |